

CLAIMS ONLY

Application Number

" Filling Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7		1				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
14		1				
15		2				
16		2				
17		2				
18		2				
19	1					
20		1				
21		2				
22	1					
23		1				
24		2				
25		2				
26		2				
27	1					
28		1				
29		2				
30		2				
31		2				
32		2				
33		13				
34		13				
35		13				
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total	6					
Indep	6					
Total	84					
Depend						
Total	9					
Claims						